DOCUMENT RESUME

ED 291 220 EC 201 987

AUTHOR	Chandler, Lynette K.; And Others
TITLE	Assessing Family Needs: The First Step in Providing Family-Focused Intervention.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC. Handicapped Children's Early Education Program.
PUB DATE	[85]
GRANT	OSERS-024BN50009
NOTE	32p.; For related documents, see EC 201 985-986.
PUB TYPE	Reports - General (140)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Disabilities; Educational Objectives; *Family Counseling; *Family School Relationship; *Intervention; *Needs Assessment; Outcomes of Treatment; Parent Child Relationship; Parent Participation; Parent Teacher Cooperation; Preschool Education; *Program Development

ABSTRACT

This paper provides a brief review of the issues regarding families in early intervention programs for handicapped children and proposes the assessment of family needs as a first step in designing family-focused interventions. While traditional approaches to early intervention tend to be exclusively child-focused, professionals are encouraged to respond to a child as part of a family unit because handicapping conditions place both the child and family at risk. Intervention goals might take into account the extent of family time and resources available for home- or center-based therapy, the family's interest in the development of certain child skills, and the family's ability to be involved in the therapy program. Professionals ought to review existing assessment tools and interpretation methods to determine if they evaluate need from the family's perspective and promote understanding between professionals and families. The purpose of both intervention and assessment should be clearly understood, the purposes should be similar when possible, and needs should be stated in measurable terms. Intervention goals and tasks should address the family's strengths as well as needs while taking into consideration the impact on the family's time, finances, and skills. Outcome measures must reflect parent and family gains and satisfaction along with child gains. Fifty-two references are provided. (VW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it
☐ Minor changes have been made to improve reproduction quality
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ED291220

Assessing Family Needs:

The First Step in Providing Family-Focused Intervention

Lynette K. Chandler

Department of Human Development and Family Life

University of Kansas

Susan A. Fowler

Bureau of Child Research

University of Kansas

and

Roger C. Lubeck

Illinois Wesleyan University

Preparation of this article was supported in part by the Handicapped Children's Early Education Project, grant #024BH50009.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Lynette Chandler
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC 201987

The role of the family in early childhood and infant stimulation programs is in transition. Researchers and practitioners are calling for changes in the ways programs assess family needs, design intervention, and evaluate program success. This paper provides a review of the issues related to families in early intervention programs. It recommends the inclusion of family needs assessments as a first step in developing family-focused programs. Suggestions for the design or selection, and use of needs assessments are made.

The roles that families play in early childhood and infant stimulation programs are in transition. Early education programs, whether they be center based or home based, have typically been child-focused and program success has been measured by changes in a child's developmental or behavioral functioning. This model of program design and assessment has shown successful gains with many children (Bailey & Bricker, 1984; McClusky & Arco, 1979; Tjossom, 1976). The model fails, however, to address many concerns related to families. These concerns, recently identified by researchers and practitioners (Bailey, 1984; Bristol, 1984; Dunst, 1984; Fewell, 1984), reflect the need for intervention programs to:

1. Recognize that family needs and interests must be addressed in treatment programs;

2. Assess family needs as well as child needs,

3. Develop programs that are family focused, and responsive to identified family needs;

4. Assess family satisfaction and family outcomes in program evaluation.

This paper provides a brief review of the issues regarding families in early intervention programs and proposes, from the perspective of the family, the assessment of family needs as a first step in designing family-focused interventions.

The Family in Treatment Programs

The common practice of assessing and addressing only child needs in early intervention programs has been the focus of recent criticism in the early childhood literature (Bristol & Gallagher, 1982; Dunst, 1983; Schultz, 1982; Whaler, 1980). Traditional approaches to early intervention tend to be exclusively child-focused (Dunst, 1983; 1984). The goal of program intervention has been to change some aspect of the child's behavior or functioning ability. Family concerns are seldom addressed prior to or during the intervention (Bell, Sundel, Aponte, Murel, & Lin, 1983; Fawcett, Seekins, Whang, Muiu, & Suarez de Balcazar, 1982; Turnbull & Winton, 1984). Yet as Turnbull (1976) points out, a handicapping condition places not only the child, but also the family at risk. Turnbull's perspective encourages professionals to respond to the child as part of a family unit, rather than in isolation, as often occurs. This perspective recognizes that the child and the family are the client, rather than the child alone. Programs adopting this view are family-focused rather than solely child-focused and address family strengths and needs in addition to child strengths and needs (Berger & Fowlkes, 1980; Bristol & Gallagher, 1982; Dunst & Trivette, 1982; Whaler, 1980).

Criticism also has focused on the practice of treating all parents or families as a homogeneous group. Much of this criticism has been raised by family systems and ecobehavioral researchers (Crnic, Friedrich, & Greenberg, 1983; Tertinger, Greene, & Lutzker, 1984; Turnbull, Summers, & Brotherson, 1983). They recognize that families may differ in fundamental ways. For instance, families may vary in their structure, ethnic and cultural backgrounds, economic status, educational resources, ideologies, personal and mental health problems, and styles of dealing with problems (Rogers-Warren & Fox, 1983; Turnbull et al., 1983). Although the concept of family differences is widely acknowledged, it is seldom addressed in the design of early intervention programs. As a result, educators and therapists continue to treat all families the same, often failing to modify treatment programs to respond to family differences. Unfortunately, this failure to recognize and respond to individual family differences may result in programs which neglect critical areas of child and family need, fail to gain family support, and increase family stress or guilt (Dunst, 1983; Winton & Turnbull, 1981).

Perhaps variables affecting the family, such as economic needs, emotional needs, or time and stress management needs, are

ignored because they are not easy or traditional targets for early intervention (Dunst, 1984; Lutzker, 1983; Schultz, 1982; Turnbull et al., 1983). Even so, family needs should be acknowledged as therapeutic child goals are developed. Realistic intervention goals might then be developed which take into account: (a) the extent of family time and resources available for home or center based therapy, (b) the family's interest in the development of certain child skills, and (c) the family's ability to be involved in the therapy program, etc. (Bristol, 1984). When possible, these needs should be addressed as part of program intervention.

Assessing Family Needs

In order to develop family-focused intervention programs that are responsive to family needs and concerns, as well as child needs, professionals must assess what families want or say they need. A needs assessment can do this by helping families identify and make decisions about their strengths and problems (Suarez de Balcazar, 1983; Cognetta, 1981). They involve asking questions to help the family identify their needs, without defining their needs for them (Clifford & Trohanis, 1976). The assessment may function as a learning process; helping those involved understand each others' perspectives (Black, Prestidge, & Anderson, 1981; Goldfarb, Brotherson, Summers, & Turnbull, 1984; Kuh, Hutson,

Orbaugh, & Byers, 1977; Witkin, 1977). They may facilitate negotiation between families and professionals with respect to decision making and responsibility sharing (Clifford & Trohanis, 1976; Ford & Heaton, 1980; Meyer, 1970). The assessment and consideration of family needs will lead to program development where intervention is designed to "best fit" or reflect the needs and desires of the family, the child, and program professionals.

The term needs assessment has been used to describe assessments which (a) assess parents' desire for information (Hierbert, 1974; Sparling & Lowman, 1983), (b) assess the types of stress and reactions to stress families encounter (Bristol, Donovan, & Harding, 1984; Dunst & Trivette, 1983; Holroyd, 1974), (c) evaluate program effectiveness (Berger & Fowlkes, 1980; Ruskus, 1981; Vincent, et al., 1980), (d) collect information regarding the family or child (Bailey, 1984), (e) assess parent strengths and family relationships (Ruskus, 1981, Schaefer & Edgerton, 1981), and (f) assess the home environment (Caldwell, Heider, & Kaplan, 1966).

Many needs assessment provide descriptive or observational information which may be useful to professionals working with families. Unfortunately, these assessments often fail to provide information or evaluate need from the perspective of the

individual family. For example, descriptive information about the family provides information a professional should consider when developing a treatment program. For instance, demographic information on marital status and employment status of parents often is obtained. This information should be considered in developing the parent's role or level of involvement in the treatment plan. However, information that a mother works or that she is a single parent may not reflect the mother's interest, concern, or intended level of involvement in the treatment program. These factors cannot be derived or assumed from demographic information on a family assessment form. Such assessments, when used alone, are not useful in helping professionals understand what families say they want or need from an intervention program (Bell et al., 1983; Clifford & Trohannis, 1976; Kuh et al., 1977).

Professionals must begin to examine the types of assessments they use and how they interpret these assessments. Do the assessments evaluate need from the perspective of the family, do they help professionals and families understand each other's perspectives, and are they helpful in developing family-focused intervention? In some programs this examination will lead to the selection or development of new assessments, in others, adaptation

of currently used assessments may be possible. Guidelines and suggestions for the design or selection of needs assessments have been developed by Bell et al. (1983), Black et al. (1981), Clifford and Trohanis (1976), Cognetta (1981), Dunst (1983), Fawcett et al. (1982), and Kuh et al. (1977). In addition, a summary of assessments related to families has been provided by Dunst and Trivette (1983).

At the present time researchers have not recommended adoption of a particular needs assessment by intervention programs because of the vast differences between programs and the many ways assessments can be used (Bailey, 1984; Bristol, 1984; Fewell, 1984). The selection, design, or adaptation of a family-focused needs assessment will be determined by several variables. These include:

1. The purpose of the assessment and intervention program,
2. The type of measure desired;
3. The type of information desired and how it will be used;
4. The individuals who will be involved in the assessment process, goal selection, and intervention delivery;

Each of these variables will be discussed in detail.

The Purpose of a Needs Assessment

Needs assessments can be used in may ways and provide many types of information. Specification of the purpose of the assessment will aid in the development or selection of a particular assessment. The following questions should be asked in determining the purpose of the assessment. Will it be used: (a) to provide descriptive information, (b) to document the need for services, (c) to identify family functioning, (d) to help identify goals for intervention, or (e) as a program evaluation tool? Specification of the purpose will also make it clear to all concerned (professionals and clients) how the information will be used. A purpose statement should explain what is expected from the assessment and program and should specify a time line for provision of feedback to the client (Clifford & Trohannis, 1976; Cognetta, 1981).

The purpose of intervention should also be considered in the selection or design of a particular assessment. The purpose of intervention and assessment should similar when possible. For example, if the purpose of intervention is to change some aspect of child functioning, an assessment which measures child functioning is desirable. If however, the purpose of intervention is to change some aspect of child functioning and be responsive to

family needs, then an assessment which reflects family needs as well as child functioning should be selected.

In determining the purpose of the assessment professionals should consider the impact on the family of completing the needs assessment. Black et al. (1981) and Wasil (1984) state that the administration of a needs assessment implies a promise to help. They recommend that professionals consider the implications of this promise prior to obtaining information about family needs. Bell and his colleagues (1983) caution that it is important to assess only those areas in which intervention is possible. Bailey (1984) advises assessing only areas in which information will be useful in some way. For example, if program intervention were child focused and the needs assessment reflected only family stress, there would be little correspondence between treatment goals and assessment. In some cases this type of discrepancy between assessment and intervention may be tolerated if the information from the assessment is useful. In the example above, knowledge about family stress might increase the professional's understanding of variables affecting the family system, and so be helpful in developing program goals. In other cases a discrepancy may occur if the information obtained can be used to document the need for service or for program evaluation. When a discrepancy

between assessment and treatment does exist, the client should be informed, in the purpose statement, of the discrepancy and how the assessment information will be used.

Factors Relevant to Assessing Needs

Needs should be stated in measurable terms when possible. This will guide intervention and evaluation of how needs are being met. A need statement may reflect feelings such as "I want to be happier", but the assessment also must identify variables that will lead to happiness such as "I need time to be alone" (Goldfarb et al., 1984). Feelings such as happiness may be difficult to measure and target for intervention. The amount of time spent alone however, is a variable that can be measured and function as a treatment goal. The purpose of the needs assessment may guide the type of measurement desired, for example, both qualitative and quantitative measures might prove useful. Qualitative measures might reflect increased skill in one particular behavior such as "responds to a familiar voice", while quantitative measures might include the number of times a child "responds when a family member speaks". Qualitative measures such as turns to familiar voice (rather than displays excitement to familiar voice), are useful for specifying skill level within a behavior selected for intervention.

Information which program professionals and families might find useful to assess from the family perspective includes: the child's developmental or behavioral functioning level, the family's goals for intervention, and parent expectations for the child and of the program, identification of various stressors, amount of stress, and ways of coping or dealing with stress within the family, the types of social support available to the family, parent/child interaction, and the home environment.

A sample of the client population should be consulted when making decisions regarding the types of information desired. This sample may include families that have been in an intervention program, a subset of families currently involved in intervention, or families with characteristics similar to the client population. These families can identify information and areas of interest to families, provide feedback, and review the assessment. The inclusion of family members in the development of a needs assessment lends face validity to the assessment and to the importance of the information obtained (Clifford & Trohanis, 1976; Suarez de Balcazar, 1983).

Professionals must consider who will participate in the assessment process, goal selection, and treatment delivery. Family members who will influence or participate in goal selection

and treatment delivery should participate in the assessment process as well (Goldfarb et al., 1984). It may be necessary to select or design specific tools to assess the needs of grandparents, external family members, fathers, or siblings. Assessments and intervention programs for grandparents, fathers, and siblings have been developed by Vadasy, Fewell, Meyer, and Schell (1984). Bristol and Gallagher (1983) have developed assessments related to mother and father perceptions about family needs.

In programs where parents or family members are expected to participate in treatment delivery, it is important to assess their ability and desire to do so. Many professionals assume that all families want to be equally involved with their child's program, and that all parents have the time and skills (or enthusiasm and abilities to learn the skills) required to be involved in their child's program (Dunst, 1983). Not all families want to be, nor are they capable of being involved in their child's treatment program (Lynch & Stein, 1982; Schultz, 1982; Winton & Turnbull, 1981). Without family input, unrealistic or unreasonable expectations regarding involvement may be made (Foster, Berger, & Mclean, 1981; Turnbull & Turnbull, 1982; Winton & Turnbull, 1981). Parent or family components within early intervention programs

should strive to optimize involvement relative to the family needs and abilities. A needs assessment can help families choose a level of participation they are comfortable with. Professionals may then help families participate well (not more) at that preferred level (Chandler, 1985).

Selecting Family-Focused Goals

Strengths, as well as needs, which the family identifies should be focused on when selecting intervention goals (Bell et al., 1983; Cognetta, 1981; Goldfarb et al., 1984). Dunst (1984) suggests professionals assess existing parent and family strengths, such as parenting skills or family/child interactions, prior to selecting intervention tasks. These strengths can serve as a resource when designing a treatment program. Suarez de Balcazar (1983) and Fawcett et al. (1982) emphasize setting improvement agendas, where strengths within the family system as well as strengths of individual family members are recognized. This will help maintain a balanced perspective of the family system (it's strengths and needs) and can be used as a preventative process, assuring that strengths are maintained during intervention.

Upon completion of a needs assessment, the family and professionals as a team, may begin to identify and select the

needs that are most important for resolution. This can be done by having families rank identified needs according to importance, select a number of needs as highest priority, or indicate satisfaction or dissatisfaction with how the needs are currently being met (Suarez de Balcazar, 1983).

The agency, the professionals and family members responsible for working on specified tasks, a time line, and measurement criteria for task completion and review should be specified (Bell et al., 1983; Clifford & Trohanis, 1976; Cognetta, 1981; Kuh et al., 1977). This will help assure treatment delivery and reduce frustration from working on a goal for too long or when no progress is being made.

In selecting intervention tasks the family and professional should consider the impact of intervention on the family in terms of time, finances, and skills. If, for example, a parent agrees to work on physical therapy exercises at home, the amount of time required to conduct therapy should be addressed as well as the extent to which the therapy may compete with other tasks or family interactions. The number of goals selected for intervention should also be considered. Multiple goals may decrease the amount of effort given to each one. In fact, research suggests that the more goals selected for simultaneous intervention, the more

individuals will maximize to work on the single goal of their choice (Ford & Heaton, 1980).

The impact of having the need resolved should also be considered. Will achievement of this goal increase the child's or the family's quality of life or affect multiple individuals? Will it make child care easier, reduce family stress, enhance family interactions, etc. (Dunst, 1983; Goldfarb et al., 1984)? The use of these criterion will help prioritize needs and goal selection.

In programs where professionals and families jointly determine treatment goals they may disagree on the choice of goals or on the importance of different goals (Clarke-Stewart, 1981). Consider a situation where professionals recommend that a parent work on speech training, but the parents indicate a strong desire to work in toilet training. While speech training is an important treatment goal, training a child to toilet independently will reduce the time previously spent by the family on diapering, laundry, and clean-up. Attending to the family's request may ultimately result in increased time for the family to work on speech needs and to engage in other family activities (Bell et al., 1983; Goldfarb et al., 1984; Kuh et al., 1977; Turnbull et al., 1983).

By working as a team, parents and professionals may increase each others understanding of needs and negotiate treatment goals. Consideration of family desires and how each goal will impact the family system in terms of time, finances, stress, skills, etc. will also help families and professionals select treatment goals. In the example described above, negotiation might lead to working initially on toilet training, with speech therapy exercises listed as a second goal; or therapists might be able to design speech exercises that can be done during toilet training.

In situations where disagreement between families and professionals exists, professionals should attempt to determine why parents have selected certain goals or levels of involvement. If a parent does not want to conduct intervention tasks with their child it is important to understand why. Some families may feel uncomfortable with the role of teacher. Others may feel they do not have time to work with their child. Some may have problems with parent/child relationships which interfere with their role as teacher, and others may have different needs or priorities for treatment such as time to be alone.

Assessing needs from the family perspective and considering the family system will help professionals understand why families select certain goals and levels of involvement. This under-

standing should help when negotiation is necessary, and in some cases may guide goal selection or mode of treatment delivery. For example, if parents do not have time to conduct therapy at home, center based classroom treatment might be selected. If, on the other hand, there are problems in a parent/child relationship which interfere with therapy delivery, an initial treatment goal should be to enhance parent/child interactions. The process of negotiation, with professionals and families working as a team to determine intervention goals, should lead to programs that are sensitive to variables affecting the family and are responsive to the needs of all concerned. Because parent commitment and support are related to child development, program effectiveness, and facilitate the child's success in any program, treatment goals should be compatible with family needs and have a high priority for families, whenever possible (Beckman-Bell, 1984; Brassel, 1977; Bronfenbrenner, 1974; Schultz, 1984).

Outcome Measures in Family-Focused Programs

When family needs are considered and when parent participation expected, the outcomes measures of a program will change. Evaluation measures in early childhood programs have primarily focused on child gains, however parent and family gains

and satisfaction must also reflect the success of a program (Turnbull & Turnbull, 1982; Vincent et al, 1981; Wolf, 1978). Benefits to family members from program participation cannot be adequately assessed by measuring only child change on developmental assessments or child IQ scores on pre/post tests (McClusky & Arco, 1979; Sheehan, 1981). Benefits to families must also be measured in terms of impact on families such as satisfaction, decreased time required in child care tasks, parent and family member interactions with the child, stress, and change in parenting abilities and practices (Bristol, 1984; Fewell, 1984).

The assessment of family needs, family gains, and satisfaction should be a continuous process which influences the planning, implementation, and evaluation of family-focused programs (Kuh et al., 1977). By assessing and measuring child functioning, family functioning and needs, and family satisfaction professionals may begin to list different variables that might be included in a family-focused intervention program. From these lists program options may be developed that will allow for expansion of the type of treatment delivery and program options available for families. In this way professionals and families

may design individualized treatment programs that will "best fit" or reflect the needs of all concerned.

Summary

Designing early education programs that are family focused and responsive to the needs of the child, as well as the parents and the family, requires changes in the ways professionals and practitioners have viewed families and shaped their role in early intervention.

Many of the changes called for in this paper reflect variables that professionals have begun to acknowledge and address, however they are also variables that are typically overlooked or neglected in designing family-focused interventions. This can result in programs that have little social validation and receive very little consumer support. Wolf (1978) cautions that consumers, in this case families, are the best evaluators of their own needs and satisfaction. He reminds us that "if participants don't like the treatment they may avoid it, or complain loudly, and will be less likely to use our technology, no matter how potentially effective and efficient it might be" (p. 206). Early education programs must begin to assess and use each families' perceptions of satisfaction and need as a guide to program development and individual educational program planning.

Such programs will acknowledge family needs, child needs, and professional needs, and be sensitive to variables affecting the family system. The goals of such programs should be to develop a interventions which "best fit" the needs of the family, the child, and professionals together. To paraphrase Wolf, family satisfaction and assessment of needs is a subjective value judgement that families, not professionals, are best qualified to make (Chandler, 1985).

References

Bailey, D. (1984, December). Issues in family assessment. Symposium conducted at the HCEEP Projects Meeting, Washington, DC.

Bailey, E. J., & Bricker, D. (1984). The efficacy of early intervention for severely handicapped infants and young children. Topics in Early Childhood Special Education, 4(3), 30-51.

Beckman-Bell, P. (1981). Child-related stress in families of handicapped children. Topics in Early Childhood Special Education, 1(3), 45-54.

Bell, R. A., Sundel, M., Aponte, J. F., Murrel, S. A., & Lin, E. (Eds.). (1983). Assessing health and human service needs: Concepts, methods, and applications (Vol. VIII). New York: Human Sciences Press, Inc.

Berger, M., & Fowlkes, M. A. (1980). Family intervention project: A family network model for serving young handicapped children. Young Children, 35(4), 22-32.

Black, T., Prestridge, S., & Anderson, J. (1981). The development of a needs assessment process. Chapel Hill, NC.: Technical Assistance Development System.

Brassel, W. R. (1977). Intervention with handicapped infants: Correlates of progress. Mental Retardation, 15(4), 18-22.

Bristol, M. M. (1984, December). Family intervention: What the research says. Symposium conducted at the HCEEP Projects Meeting, Washington, DC.

Bristol, M. M., Donovan, A., & Harding, A. (1984). Assessing the broader impact of intervention: workshop on measuring stress and support. Unpublished manuscript. The University of North Carolina at Chapel Hill, NC.

Bristol, M. M., & Gallagher, J. J. (1982). A family focus for intervention. In C. T. Ramey & P. Trohanis (Eds.), Finding and educating the high risk and handicapped infant. Baltimore, MD: University Park Press.

Bristol, M. M., & Gallagher, J. J. (1983). Psychological research on fathers of young handicapped children: Evolution, review, and some future directions. Paper presented at NICHHD Conference on "Research on Families with Retarded Persons", Rougemont, NC.

Bronfenbrenner, U. (1974). Longitudinal evaluations: A report on longitudinal evaluations of preschool programs, Vol. 2: Is early intervention effective? (Pub. No.OHD 74-25). Washington, DC: Dept. of Health, Education, and Welfare.

Caldwell, B. M., Heider, J., & Kaplan, B. (1966). The Inventory for Measurement of the Environment. Little Rock, AR: Univeristy of Arkansas.

Chandler, L. (1985). The family component in transition programming. Paper presented at the annual meeting for The Association for Behavior Analysis, Columbus, OH.

Clarke-Stewart, A. K. (1981). Parent education in the 1970's. Educaton and Policy Analysis, 3(6), 47-58.

Clifford, R., & Trohanis, P. (1976). Technical assistance in special education agency's needs assessment. Printed in U.S.A.

Cognetta, R. (Ed.). (1981). Comprehensive needs assessment. Redwood City, CA: San Mateo County, Office of Education.

Crnic, K. A., Friedrich, W. N., & Greenberg, M. T. (1983). Adaptation of families with mentally retarded children: A model of stress, coping, and family ecology. American Journal of Mental Deficiency, 88(2), 125-138.

Dunst, C. J. (1983). A systems level, family focused approach to assessment and intervention with profoundly handicapped children. Paper presented at the annual meeting of the Dept. of Education, Office of Special Education Programs, Handicapped Childrens Early Education Programs Conference, Washington, DC.

Dunst, C. J. (1984, December). Family intervention: What the research says. Symposuim conducted at the HCEEP Projects Meeting, Washington, DC.

Dunst, C. J., & Trivette, C. M. (1982). An ecological-social support approach to early intervention. Paper presented at the annual meeting for The Association for Behavior Analysis, Milwaukee, WI.

Fawcett, S. B., Seekins, T., Whang, P. L., Muiu, C., & Suarez de Balcazar, Y. (1982). Involving consumers in decision-making. Social Policy, 36-41.

Fewell, R. (1984, December). Family intervention: What the research says. Symposium conducted at the HCEEP Projects Meeting, Washington, DC.

Ford, R., & Heaton, C. (1980). Principles of management: A decision making approach. Reston, VA: Reston Publishing Co.

Foster, M., Berger, M., & Mclean, M. (1981). Rethinking a good idea: A reassessment of parent involvement. Topics in Early Childhood Special Education, 1(3), 55-65.

Goldfarb, L., Brotherson, M. J., Summers, J. A., & Turnbull, A. P. (1984). Tapping the wellsprings: A problem-solving guide for families with disabled members. Field review draft: Research and Training Center in Independent Living, Bureau of Child Research, University of Kansas.

Hiebert, S. (1974). Who benefits from the program? Criteria for selection. In P. Davidson, F. Clark, & L. Hamerlynck (Eds.), Evaluation of behavioral programs. Champaign, IL: Research Press.

Holroyd, J. (1974). The questionnaire on resources on stress: An instrument to measure families responses to a handicapped member. Journal of Community Psychology, 2, 92-94.

Kuh, G., Hutson, H., Orbaugh, T., & Byers, K. (1977). Designing a problem-focused needs assessment. Unpublished manuscript. Bloomington, IN: Indiana University, National Inservice Network.

Lutzker, J. R. (1983). Project 12-Ways: An ecobehavioral approach to child abuse. Paper presented at Illinois-Wesleyan University Seminar Series, Bloomington, IL.

Lynch, E. W., & Stein, R. (1982). Perspectives on parent participation in special education. Exceptional Education Quarterly, 3(2), 56-63.

McClusky, K., & Arco, C. (1979). Stimulation and infant development. In J. G. Howell (Ed.), Modern perspectives in psychiatry of infancy. New York: Brunnes/Mazel.

Meyer, G. D. (1970). Participative decision making: An analysis and review. Monograph Series #15. University of Iowa.

Rogers-Warren, A. K., & Fox, J. J. (1983). The developing socio-ecological perspective: Implications for research with families of mentally retarded children. Paper presented at the NICHHD Conference on "Families with Retarded Children", Rougemont, NC.

Ruskus, J. (1981). Parents strengths and needs assessments. The Napa Infant Program, California Institute on Human Services, California State University and Colleges, Rohnert Park, CA.

Schaefer, E., & Edgerton, M. (1981). Manual for the sibling inventory of behavior. Unpublishd manuscript, The University of North Carolina at Chapel Hill, Department of Maternal and Child Health, Chapel Hill.

Schulz, J. (1982). A parent views parent participation. Exceptional Education Quarterly, 3(2), 17-24.

Sheehan, R. (1982). Issues in documenting early intervention with infants and parents. Topics in Early Childhood Special Education, 1(3), 67-75.

Sparling, J., & Lowman, B. (1983). Parents information needs as revealed through interests, problems, attitudes, and preferences. In R. Haskins & J. J. Gallagher (Eds.), Parent education and public policy. Norwood, NJ: Ablex Publications.

Suarez de Balcazar, Y. (1983). Development and validation for a method to assess the concerns of families with disabled members. Unpublished masters thesis, University of Kansas.

Tertinger, D. A., Greene, B. F,, Lutzkar, J. R. (1984). Home safety: Development and validation of one component of an ecobehavioral treatment program for abused and neglected children. Journal of Applied Behavior Analysis, 17(2), 159-174.

Tjossom, T. J. (Ed.). (1976). Intervention strategies for high risk infants and young children. Baltimore: University Park Press.

Turnbull, A. P., Summers, J. A., & Brotherson, M. J. (1983). Working with families with disabled members: A family systems perspective. Lawrence, KS: University of Kansas, Research and Training Center on Independent Living.

Turnbull, A. P., & Winton, P. J. (1984). Parent involvement policy and practice: Current research and implications for families of young severely handicaped children. In J. Blacher (Ed.), Severely handicapped children and their families; Research in review. New York: Academic Press.

Turnbull, H. R. (1976). Families in crisis, families at risk. In T. D. Tjossom (Ed.), Intervention strategies for high risk infants and young children. Baltimore: University Park Press.

Turnbull, H. R., & Turnbull, A. P. (1982). Parent involvement in the education of handicapped children: A critique. Mental Retardation, 20(3), 115-122.

Vadasy, P. F., Fewell. R. R., Meyer, D. J., & Schell, G. (1984). Siblings of handicapped children: A developmental perspective on family interactions. Family Relations, 33, 155-167.

Vincent, L. J., Salisbury, C., Walters, G., Brown, P., Grunewald, L. J., & Powers, M. (1980). Program evaluation in early childhood/special education: Criteria of the next environment. In W. Sailor, B. Wilcox, & L. Brown (Eds.), Methods of instruction for severely handicappped students. Baltimore: Paul Brookes.

Wasil, B. H. (1984). Teaching parents effective problem solving: A handbook for professionals. Robert Wood Johnson Foundation Infant Health and Development Programs, University of North Carolina at Chapel Hill.

Whaler, R. G. (1980). The insular mother: Her problems in parent-child treatment. Journal of Applied Behavior Analysis, 13(2), 207-219.

Winton, P., & Turnbull, A. P. (1981). Parent involvement as viewed by parents of preschool handicapped children. Topics in Early Childhood Special Education, 1(3), 11-19.

Wolf, M. (1978). Social validity: A case for subjective measurement or how applied behavior analysis is finding its heart. Journal of Applied Behavior Analysis, 11(2), 203-214.